



Idaho State Board of Pharmacy

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NON-PHARMACY DRUG OUTLET REGISTRATION FORM

Board Rule 017.02 Incomplete Applications. Information requested on the application or other form must be provided and submitted to the Board office with the applicable fee or the submission will be considered incomplete and will not be processed.

Type of Application: ☐ New ☐ Ownership Change ☐ Name Change ☐ Address Change

Previous Registration #: _____ **Effective date of change** _____

Name of Business: _____

Address: _____

City: _____ **State:** _____ **Zip+4:** _____

Phone: _____ **Fax:** _____

Does this location receive mail delivery? ☐ Yes ☐ No

If no, please list the store's *COMPLETE* mailing address.

Store Manager: _____

Store Owner: _____

Alternate Contact – Name and Phone: _____

- ☐ Class A: More than 50 drug item types \$60 per year
- ☐ Class B: Up to 50 drug item types \$25 per year
- ☐ Class V: Vending Machine \$10 per year per machine

- **Change in ownership or location requires new licensure**
- **Registrations expire June 30 annually, the Board of Pharmacy does not pro-rate**

Signature

Date